



# RESTRICTION ELECTION FACSIMILE TRANSMISSION *OFFICIAL*

DATE: April 25, 2002

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PAGES, INCLUDING COVERSHEET: 10

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GROUP 1600

TO EXAMINER: M. Wells

ART UNIT: 1642

SERIAL NUMBER: 09/555,270

FAX/TELECOPIER NUMBER: (703) 308-4315

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COMMENTS: \_\_\_\_\_

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Patent  
Attorney's Docket No. 032313-003

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

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In re Patent Application of

Catharina SVANBORG *et al.*

Application No.: 09/555,270

Filed: August 30, 2000

For: THERAPEUTIC AGENTS

Group Art Unit: 1642

Examiner: M. Wells

VIA FACSIMILE: (703) 308-4315

APR 26 2002

GROUP 1600

**AMENDMENT/REPLY TRANSMITTAL LETTER**

Assistant Commissioner for Patents  
Washington, D.C. 20231

Sir:

Enclosed is a reply for the above-identified patent application.

☐ A Petition for Extension of Time is also enclosed.

☐ A Terminal Disclaimer and a check for ☐ \$55.00 (248) ☐ \$110.00 (148) to cover the requisite Government fee are also enclosed.

☒ Also enclosed is Attachment to Restriction Requirement and Amendment

☐ Small entity status is hereby claimed.

☐ Applicant(s) request continued examination under 37 C.F.R. § 1.114 and enclose the ☐ \$370.00 (279) ☐ \$740.00 (179) fee due under 37 C.F.R. § 1.17(e).

☐ Applicant(s) previously submitted \_\_, on \_\_, for which continued examination is requested.

☐ Applicant(s) request suspension of action by the Office until at least \_\_, which does not exceed three months from the filing of this RCE, in accordance with 37 C.F.R. § 1.103(c). The required fee under 37 C.F.R. § 1.17(i) is enclosed.

☐ A Request for Entry and Consideration of Submission under 37 C.F.R. § 1.129(a) (146/246) is also enclosed.

☒ No additional claim fee is required.

☐ An additional claim fee is required, and is calculated as shown below:

(10/01)

Amendment/Reply Transmittal Letter  
 Application No. 09/555,270  
 Attorney's Docket No. 032313-003  
 Page 2

AMENDED CLAIMS					
	NO. OF CLAIMS	HIGHEST NO. OF CLAIMS PREVIOUSLY PAID FOR	EXTRA CLAIMS	RATE	ADD'T'L FEE
Total Claims	17	MINUS 20 =	0	× \$18.00 (103) =	0.00
Independent Claims	1	MINUS 3 =	0	× \$84.00 (102) =	0.00
If Amendment adds multiple dependent claims, add \$280.00 (104)					
Total Amendment Fee					0.00
If small entry status is claimed, subtract 50% of Total Amendment Fee					
TOTAL ADDITIONAL FEE DUE FOR THIS AMENDMENT					0.00

☐ A claim fee in the amount of \$\_\_\_\_\_ is enclosed.

☐ Charge \$\_\_\_\_\_ to Deposit Account No. 02-4800.

The Commissioner is hereby authorized to charge any appropriate fees under 37 C.F.R. §§ 1.16, 1.17, 1.20(d) and 1.21 that may be required by this paper, and to credit any overpayment, to Deposit Account No. 02-4800. This paper is submitted in duplicate.

Respectfully submitted,

BURNS, DOANE, SWECKER & MATHIS, L.L.P.

By:

  
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Date: April 25, 2002

(10/01)